



## Wyoming Department of Health Influenza Report Form

Name of Facility Reporting: \_\_\_\_\_

Last Name	First Name	Date of Birth (DOB)	Gender	City of Residence	Specimen Collection Date	Laboratory Findings (Rapid A/B, A, B)	Hospitalized (Y, N)	Pregnant (Y, N)

Send Reports To: Epidemiology Section, WDH, Secure Fax: (307)777-5573. Toll Free, 24 Hour Hotline: 1-888-996-9104.  
Thank you for Your Cooperation With Influenza Reporting!